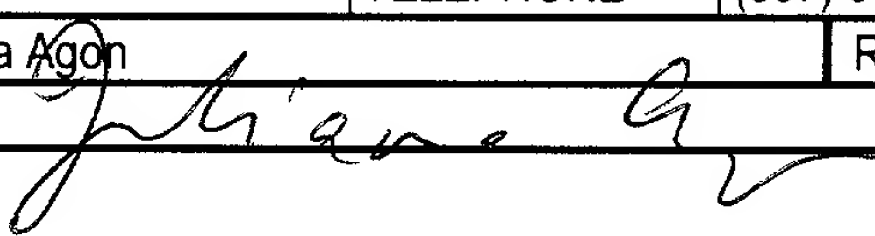
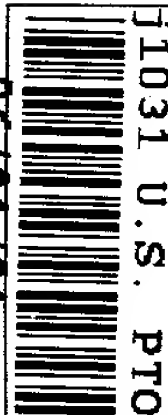


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	SP00-268	Total Pages	18
Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		First Named Inventor or Application Identifier Max Stellmacher			
		Title COMPENSATION OF THE REFRACTIVE INDEX OF DOPED InP			
		Express Mail Label No.	EL689101931 US		
		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1.	<input checked="" type="checkbox"/> * Fee Transmittal Form (Submit an original and a duplicate for fee processing)	5	<input type="checkbox"/> Microfiche Computer Program (Appendix)		
2.	<input checked="" type="checkbox"/> Specification [Total Pages] 15 - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3.	<input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets] 3	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other			
4.	<input checked="" type="checkbox"/> Oath or Declaration [Total Pages] 2 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)				
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 08/ Prior application information. Examiner: TBA Group / Art Unit: TBA For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22928 or <input type="checkbox"/> Correspondence address below					
NAME	Juliana Agon				
ADDRESS	Corning Incorporated, SP-TI-3-1				
CITY	Corning	STATE	NY	ZIP CODE	14831
COUNTRY	USA	TELEPHONE	(607) 974-6574	FAX	(607) 974-3848
Name (Print/Type)	Juliana Agon		Registration No. (Attorney/Agent)		33,468
Signature			Date	June 21, 2001	

06/21/01



FEE TRANSMITTAL for FY 2000

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Stellmacher, Max
Examiner Name	TBA
Group / Art Unit	TBA
Attorney Docket Number	SP00-268

TOTAL AMOUNT OF PAYMENT (\$) 1110.00**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number 03-3325

Deposit Account Name Corning Incorporated

- ☒ Charge Any Additional Fees Required
Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
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101	710	Utility filing fee	
106	320	Design filing fee	
107	490	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$ 710.00)**2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below		Fee Paid
Total Claims	30	- 20** = 10	x 18	= 180 00
Independent Claims	5	- 3** = 2	x 80	= 160 00

Multiple Dependent =

**or number previously paid if greater For Reissues. see below

Large Entity Fee Code	Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim. if not paid
109	80	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 340.00)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
143	440	Design issue fee	
144	600	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties) ___ x	
146	710	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
149	710	For each additional invention to be examined (37 C.F.R. § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)*SUBMITTED BY**

Name (Print/Type) Juliana Agon

Signature

Registration No. (Attorney/Agent) 33.468

Date

June 21, 2001

Completed (if applicable)

Filing Date:

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is Addressed to the Commissioner of Patents and Trademarks Washington, DC 20231

Signature

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